

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: C26
Aquifer: _____
E-Log #: _____

County: Itawamba
Permit #: MS-GW 17282
Driller: Barry Weavers Natural Water
Date drilling completed: 4/3/18

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Northest Itawamba Water Assoc.</u>	Latitude: <u>34 25 20N</u> Longitude: <u>88 16 56W</u>
Mailing Address: <u>28507 Hwy 2514</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
City: <u>Golden</u> MS State Zip Code: <u>38847</u>	<u>SW</u> 1/4 <u>SE</u> 1/4, Sec <u>31</u> T <u>7S</u> R <u>10E</u>
Telephone No. (<u>662</u>) <u>585-3480</u>	<u>8</u> Miles <u>S</u> of <u>Golden</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>3-13-18</u> Date drilling completed: <u>4-18</u> Hole depth: <u>170'</u> Hole diameter: <u>14"</u>
Location of the source of any surface water used for drilling: <u>Public Supply</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Public Water Supply System</u>
Logs run (check all applicable): <input checked="" type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): <u>COG ran e-log on test hole (CAS)</u>
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): <u>Enlargement of test well to production well</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>97'</u> feet <input type="checkbox"/> above or <input type="checkbox"/> below land surface Date measured: <u>4-27-18</u> (check one)
Method of measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>170'</u> Well grouted to a depth of: _____ feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>140</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>.375 steel</u>
Screen length: <u>30</u> feet Screen diameter: <u>6</u> inches Type of screen: <u>stainless</u>
Screen slot size: <u>.020</u> inches Setting depth: From <u>140</u> feet to <u>170</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>140</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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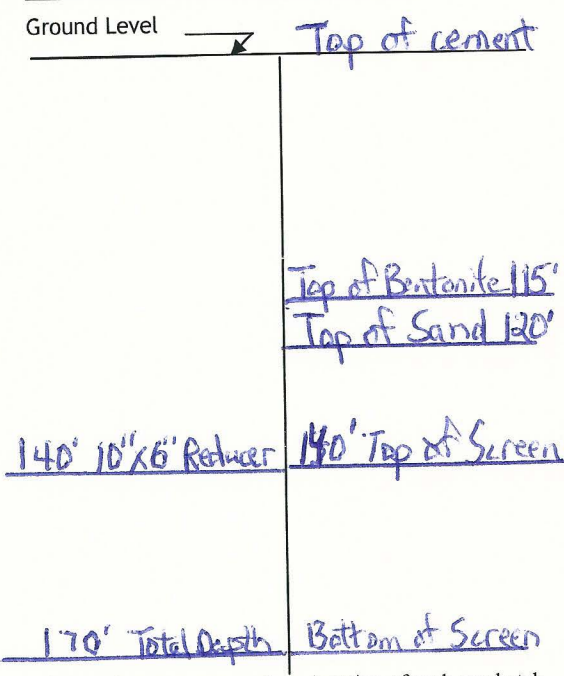
County: Itawamba
 Permit #: MS-GW-17282

For Office Use Only:
 Well #: 026

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

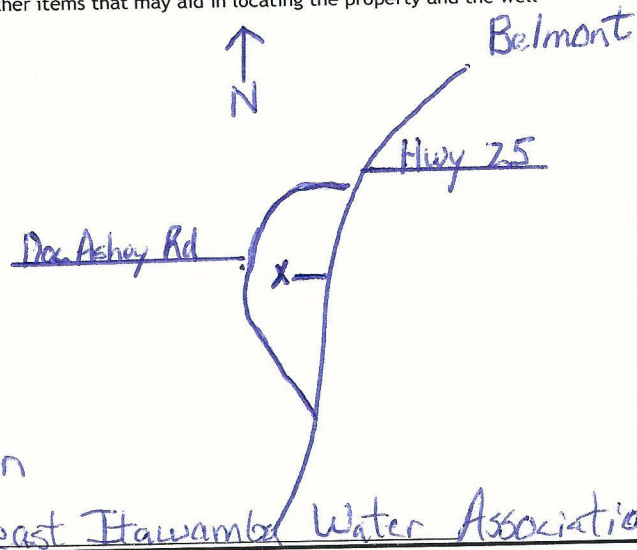


Description of Formations Encountered	From (depth)	To (depth)
Red Sandy Clay w/ gravel	Ground level	18
Sandy Clay	18	30
Sandy w/ water 15gpm	30	46
Clay with some rock	46	55
Sand	55	66
White Sandy Clay	66	73
Dark Clay	73	75
Sand w/ clay layers	75	107
White Gravel	107	113
White Clay w/ small gravel	113	116
Sand	116	124
Gravel and Sand	124	140
Sand H2O	140	170
Red Clay	170	170

If more than one screen, show location of each on sketch

Sketch the property layout and include the following:

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



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Landowner Name: Northeast Itawamba Water Association

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Barry Weaver 6599 4-26-18 Barry Weaver
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1B (4/13)

Per Ralph Burkes w/ water association, the pump test was not satisfactory & this well may not be put into production.
 3/15/19 CWS

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: Itawamba
 Permit #: MS-GW 17282 ✓
 Driller: Barry Weaver - Nation/Weaver
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Well #: C26
 Aquifer: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Northwest Itawamba Water Assoc.</u>	Latitude: <u>34 25 20N</u> Longitude: <u>88 16 56W</u>
Mailing Address: <u>29507 Hwy 25N</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Golden</u> State: <u>MS</u> Zip Code: <u>38847</u>	<u>SW</u> ¼ <u>SE</u> ¼, Sec. <u>31</u> T. <u>7S</u> R. <u>10E</u>
Telephone No. (<u>662</u>) <u>585-3480</u>	<u>8</u> Miles <u>S</u> of <u>Golden</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: _____ Rated Pump Capacity: _____ Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: _____ Setting Depth: _____ feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 5-16-18 Duration of Pump Test (minimum 4 hours): 6 hours

Static Water Level (A): 103 Feet Below Land Surface Pumping Water Level (B): 137 Feet Below Land Surface

Drawdown [(B) - (A)]: 34 Feet Below Land Surface Test Pumping Rate: 126.5 Gallons Per Minute

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (check one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Barry Weaver 6599 6-11-18 Barry Weaver
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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